

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	1					
5	2					
6	2					
7	2					
8	2					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	2					
19	2					
20	1					
21	1					
22	2					
23	2					
24	2					
25	2					
26	2					
27	1					
28	2					
29	2					
30	2					
31	1					
32	1					
33						
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	12		↔		↔	↔
TOTAL CLAIMS	18					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	2					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
61	1					
62	1					
63	1					
64	1					
65						
66						
67						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS